CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

> "Commissioner for Patents" P.O. Box 1450 Alexandria, VA 22313-1450

on JULY 29, 2005

MILTON L. HONIG Reg. No. 28,617

Attorney for Applicant(s)

JULY 29, 2005

Date of Signature

C6663(C) 03-D320-EDG/D

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer Number:

000201

Attorney Docket No.: C6663(C)

Applicant: Serial No.: Simone et al. 10/747,992

Filed:

December 30, 2003

FOR:

CLOSURE WITH SOFT FEEL GRIP

UNUS No.:

03-D320-EDG/D

Group: 3727

Examiner: Robin Annette Hylton

Englewood Cliffs, New Jersey 07632

July 29, 2005

<u>AMENDMENT</u>

MAIL STOP: AMENDMENTS **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated June 29, 2005, please amend the aboveidentified patent application as follows.

C6663(C) 03-D320-EDG/D

Amendments to the Specification begin on page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 5 of this paper.

Remarks/Arguments begin on page 8 of this paper.

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UNITED STATES DEPT. OF COMMERCE

Patent and Trademark Office

Alexandria, VA 22313-1450

P.O. Box 1450

COMMISSIONER FOR PATENTS

July 29, 2005

MAIL STOP: AMENDMENTS Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an AMENDMENT in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 84.00	
Multiple Claims					\$ 280.00	
TOTAL ADDITIONAL FE	E FOR THIS AMENDMEN	7			\$	

^{*}If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

[X] 37 C.F.R. ∋ 1.16;

[X] 37 C.F.R. ∋ 1.17;

[X] 37 C.F.R. ≥ 1.18.

Triplicate copies of this letter are enclosed.

MLH/sm (201) 894-2403 Milton L. Honig Attorney of Record Reg. #28,617

^{**}If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.